

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 146	
ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. 347	
County of <u>Yuma</u>	City of <u>Yuma</u>	Local Registrar's No. _____	
(No. _____) St. _____ Ward _____			
FULL NAME OF CHILD <u>Samuel Woodrow Garcide</u>		Born	YES
Child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth _____
Legitimate? <u>yes</u>	Date of Birth <u>July 12</u> 191 <u>8</u>	(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Samuel Garcide</u>		Full Name <u>Beatrice Pascall</u>	
Residence <u>Globe, Ariz.</u>		Residence <u>Globe, Ariz.</u>	
Color or Race <u>White</u>	Age at last Birthday <u>36</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>26</u> (Years)
Birthplace <u>Lanckshire England</u>	Occupation <u>Mine</u>	Birthplace <u>Lanckshire, Eng.</u>	Occupation <u>Housewife</u>
Number of child of this mother. <u>3</u>	Number of children, of this mother, now living. <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>July 12</u> 191 <u>8</u> , at <u>2 P. M.</u>			
*When there is no attending physician or midwife, then the householder could make this return.		(Signature) <u>Oliver James M.D.</u>	
Given or christian name added from a _____		(Attending physician, midwife, householder.)*	
Supplemental report _____ 191 <u>8</u>		Address _____	
275-712-273		Filed <u>7/16</u> 191 <u>8</u> <u>B. G. Joy</u>	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
A True Copy		Filed <u>8/6</u> 191 <u>8</u> <u>B. G. Joy</u>	
		COUNTY REGISTRAR.	